et all three tests for Yes No X	a spouse or dependent child because they meet all three tests for	"uneamed" income, or liabilities of a spouse or dependent the Committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or lial exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics
lave you excluded Yes No X	other "excepted trusts" need not be disclosed. H	nmittee on Ethics and certain o	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
QUESTIONS	N - ANSWER <u>BOTH</u> OF THESE QUESTIONS	UST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
COMPLETE	S THAT YOU ARE REQUIRED TO COMPLETE	LY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR
· ·	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
\$5,000 from a Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
arrangement with an Yes No No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
g the reporting gh the date of filing? Yes No	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
	STIONS	H OF THESE QUES	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
U.S. HÖUSE OF REPRESEM TÄTTVES (Office Use Only)	Check if Amendment	minnesata MN-8 Aug. 14, 2018	New Member of or Candidate for State: U.S. House of Representatives District: Candidates Date of Election: (12(1))
18 MAY -7 PM 1: 19	hone:_	Daytime Telephone:_	Name: Michelle Denise Lee
APR 23 2018 Page 1 of 1. LEGISLATIVE RESOURCE CENTER	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

Name: Michelle Denise Lee

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				Anc	-	Examples:			For bank and other cash accounts. \$5,000, list every financial instructions of the complete address trental and other real proper provide a complete address rental property," and a city and retrained property and a city and city traded, st business, the nature of its geographic location in Block A. Exclude: Your personal reside homes and vacation homes (Iu income during the reporting penitrement program, including the property and penitrement program, including the fix you have a privately-traded ful income source is that of y dependent child (DC), or jointly in the optional column on the far for a detailed discussion of Schene and the penate of the instruction before a detailed discussion of Schene and column on the far for a detailed discussion of Schene and	all IRAs and) plans) provi	Provide complete names of stoo (do not use only ticker symbols).	identify (a) each ass production of income a sceeding \$1,000 at the and (b) any other reports which generated more income during the year.	\ssets an	
ļ				merorise IRA	ABC Hedge Fund	Simon & Schuster	Mega Corp Stock		For bank and other cash accounts, total the amount in sall interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	For all IRAs and other retrement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
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Name: Michelle Denise Lee

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SCHEDULE C - EARNED INCOME

Name: Michelle Denise Lee Page 6 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. IRA Dispusment MN Dept of Employment (supembleyment) KBIR TELEVISION INC Examples: Source (include date of receipt for honoraria) ABC Trade Association, Baltimore, MD (July 15)
State of Maryland
Civil War Roundtable (Oct. 2) Ontario County Board of Education CANDIDATE Salary PAYMENTS SALARY Honorarium Salary Spouse Speech Spouse Salary Type 20,000.00 Current Year to Filling \$20,000 \$0 NA b **Amount** 1,497. 26 10,000.00 Preceding Year 있습니기 \$76,000 \$1,000

SCHEDULE D - LIABILITIES

Name: Michelle D. Lee Page 1 of 1

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

					SP. DC. JT		
	- 		٨	Example			
		•	NONE	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
	}	 			\$15,001- \$50,000		
,					\$50,001- \$100,000	0	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	— 71	of L
					\$1,000,001- \$5,000,000	ø	Amount of Liability
					\$5,000,001- \$25,000,000	I	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000		
					Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

		NONE	Position
			Name of Organization

SC

Terms of Agreem						NONE
	Terms of Agreement					

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	NONE	

FILER NOTES (Optional) Name: 으

								NOTE NUMBER
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